

DOB: _____

COMPLETE ALL SECTIONS USING CODES WHERE APPROPRIATE

VITAL SIGNS		VISION			
		WITHOUT CORRECTION		WITH CORRECTION	
		DIST	NEAR	DIST	NEAR
HEIGHT: _____	WEIGHT: _____	R _____	_____	R _____	_____
BP: _____	PULSE: _____	L _____	_____	L _____	_____
RESPIRATIONS: _____	TEMPERATURE: _____				

Code	Remarks (discuss abnormal findings in detail)
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1.	General Appearance.....	
2.	Head and neck.....	
3.	Eyes.....	
4.	Ears.....	
5.	Nose.....	
6.	Mouth.....	
7.	Thyroid.....	
8.	Lymph nodes.....	
9.	Chest, Lungs, Breasts.....	
10.	Heart.....	
11.	Abdomen.....	
12.	Inguinal, include hernia.....	
13.	Genitalia.....	
14.	Anal and Rectum.....	
15.	Spine.....	
	Forward Bend, Fingers Miss Floor ____ Inches	
16.	Upper Extremities.....	
17.	Lower Extremities.....	
	Varicosities.....	
18.	Skin, Lymphadenopathy.....	
	Identify Body Marks, Scars, Tatoos.....	
19.	Peripheral Vascular.....	
20.	Neurologic Status (include Reflexes)....	
21.	Emotional Status.....	
22.	Pelvic Exam.....	
23.	Men > Age 40: Prostate Exam.....	

Physical Examination

NAME _____ DOB _____

Guiac Test (Required annually for age 50 and up)	Tetanus Immunization Date (Update every 10 years)	TB Skin Test (Required Annually)
_____ Results	_____ Date	_____ Results
_____ Date	_____ Date	_____ Date

Examiner's Diagnoses and Comments:

(Please ask the candidate if there is any other medical information not already obtained which should be known prior to deployment.)

I have thoroughly examined this candidate for travel to the Polar regions. I have reviewed the participant's history with him/her, including ALL positive responses, and commented appropriately. I have performed all diagnostic tests as requested.

Examiner's Name (Type or Print):_____
Examiner's Signature_____
DATE_____
ADDRESS_____
CITY_____
STATE_____
ZIP

I have been informed regarding the medical
examination findings herein (signature optional).

PHONE #: _____

PATIENT'S SIGNATURE_____
DATE

Return the completed examination form and results of the requested tests to (return envelope enclosed):

Raytheon Polar Services CompanyAttention: **MEDICAL**

7400 S. Tuscon Way

Centennial, CO 80112-3839

1-800-688-8606 ext 32287 Fax: 303-649-9275